

**Massachusetts Department of Public Health – Immunization Program
Instructions for filling out the Pertussis Case Report Form:
January 2, 1997**

I. GENERAL INSTRUCTIONS

1. PLEASE PRINT LEGIBLY.

2. Case Reports may be faxed to 617-983-6813 (can be faxed any time of day or night), *make sure to call to confirm receipt 617-983-6816, 9-5 Monday to Friday.* We take no responsibility for receipt of faxed forms that have not been confirmed afterwards with a phone call.
3. ***Fill in all fields when submitting a final case report.** If you don't have information on a field, check off the "Unknown" box or put a "n/a" in the space for information.* If a field is left completely blank, it's impossible to know if the information is not available or if a mistake in filling out the form has been made.

II. EXPLANATION OF SELECTED DATA FIELDS

Below is a description of the information that should be entered into specific fields. Please note that not all fields are reviewed in this document. We have tried to identify those fields that might be unclear and provide useful guidelines. If you have a question about a field not explained or need further assistance, please don't hesitate to call the numbers listed on the case report form.

Person filling out form – Your name & town (state personnel can omit town).

Date Reported to You – Date you first were notified of case (this date may be asked for again in field(s) below).

Initials – Put your initials (three letters if you have them, otherwise two).

Epi Initials – To be filled in by State Epidemiologist assigned to case; if you are not a state immunization epidemiologist, leave blank.

Phone Number – Your phone number with area code.

ID# - Leave this field blank for use by State Surveillance Program.

Last Name – Last name of case.

First – First name of case, no middle initial.

Address – Street address of case.

City – City of residence of case.

Zip Code – Zip code of residence of case.

Birthdate – Case’s birthdate, month/day/year format.

Age – Age of case and units in years, weeks, months, or days (you must check one). For instance, if the case is 3 years old, write in “3” and check the box corresponding to yrs.; if 3 months old, write in “3” and check box for “mnths”.

Phone – Phone number of case with area code.

Date Reported to Public Health – Date local or state health department was first notified of case (not the date case actually confirmed, but the first date case was heard of by health official). If you’re the first one to hear about a case, this date would be same as *Date Reported to You*. If the case has been referred to you by other local or state official, find out date they first heard about case.

Date Epi Notified – For state personnel only, date epidemiologist first notified of case. (State personnel: this date may be same as above *Date Reported to Public Health* field and/or *Date Reported to You* field).

Report Status – For state personnel and approved Boards of Health only, identify case status based on current CSTE/CDC case definition:

1. If a sporadic case – a cough illness lasting ≥ 14 days with ≥ 1 of the following:
 - paroxysms of cough,
 - inspiratory “whoop,”
 - post-tussive vomiting,occurring in an individual that is also:
 - laboratory-confirmed (by culture, serology, or PCR),
 - OR**
 - epidemiologically linked to a laboratory-confirmed case.
2. In outbreak settings (≥ 5 cases clustered in time and space) – a case may be defined as a cough illness lasting ≥ 14 alone (*with or without* accompanying symptoms of paroxysm, whoop, or vomiting), occurring in an individual that is also:
 - laboratory-confirmed (by culture, serology, or PCR),
 - OR**
 - epidemiologically linked to a laboratory-confirmed case.

[Note: positive serology result acceptable **only when performed** at Massachusetts State Laboratory Institute (SLI)].

Date Investigation Started – Date actual investigation of case began.

Case Hospitalized – Check yes only if case hospitalized **for pertussis**.

Date of Diagnosis – Date diagnostic test was taken, or, if epi-linked case, then the date the provider made clinical diagnosis or public health official made epi-link determination.

Contact with Enrollee or Employee? – Any face to face contact with enrollee or employee of daycare center during last 21 days?

Paroxysm Date – Date of first bout of paroxysmal coughing.

Duration of Cough (days) – In order to meet clinical case definition, case must be coughing for at least 14 days. If final interview is done too soon, it is impossible to document this. We suggest completing the rest of case report form and then following up at least two weeks after cough onset to document if case coughed for at least 14 days.

Total # of Days Hospitalized – Number of days hospitalized for pertussis-related illness.

Generalized or Focal Seizures? – Any seizures due to pertussis? Check with physician's office.

Acute Encephalopathy Due to Pertussis? – Check with physician's office.

Lab Test Information: Make sure that you fill in the correct section. If a culture has been done, you should fill in first part of section describing culture results and check off “not done” in serology and PCR sections. If serology has been done, fill in serology section and check off “not done” in culture and PCR sections, etc. If two types of tests were done, fill in both parts and check “not done” under third test area.

Epi-Linked to CONFIRMED case? – Has the case under investigation had close contact with a laboratory-confirmed case, e.g., in household, school or daycare class, sports team, workplace, close friends, etc.? If you're unsure how to make this determination, contact an immunization epidemiologist.

Is current case part of an outbreak? – A pertussis outbreak is defined as ≥ 5 cases clustered in time and place, at least one of which is laboratory confirmed.

Outbreak – Describe outbreak setting as specifically as possible, naming at least an institution and town. If the outbreak is limited to a certain grade and/or subgroup (classroom, sports team, club, etc.), identify these. If the case is epidemiologically linked to a case in the outbreak setting but spends NO time in that setting (e.g., family member or other outside contact of a student case), the case is still considered part of that outbreak. In such a situation, fill out all the outbreak information as if the person were in the setting, except write “family member” or “outside friend,” etc. in the subgroup blank.

Setting where case most likely spread disease – Choose one setting where the case in question is most likely to have spread the disease. The setting must have ≥ 1 confirmed case thought to have been infected by this case.

Vaccine Information: It is crucial to obtain as complete and detailed information as possible on vaccine history, especially for all cases < 19 years of age, so that vaccine efficacy can be compared and so that vaccine failure can be distinguished from failure to vaccinate.

Date Form Completed – Date you finished filling out the form.

Data Checked By – For state surveillance program use, leave blank.

Date Checked – For state surveillance program use, leave blank.

III. PERTUSSIS WORKSHEET

Please use the Pertussis Contact Worksheet (1/99) for keeping track of contacts.